Pediatric
owners manual

Provided by

Southern Indiana Physicians

SOUTHERN INDIANA PEDIATRICS

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Introduction

About our office

Southern Indiana Pediatrics, an Indiana University Health Southern Indiana Physicians practice, was formed in 1995 when Drs. Laughlin, McDaniel, and Malone joined forces to erect a new office building and recruit more pediatricians for the growing population in this area. Since that time we have expanded our practice with both additional providers and locations in both Bloomington and Bedford. In 2011, we joined IU Health Southern Indiana Physicians to further strengthen our ties with our local hospital and the IU Health system, including Riley Hospital for Children.

Each pediatrician normally sees his or her own patients to provide continuity of care. However, when one of us is out of town there is always another pediatrician in the same building with access to patient records to easily assume any patient's care when needed. We feel this provides the "best of both worlds" for our patients. We also have pediatric nurse practitioners who can see patients and provide care. All of our physicians and pediatric nurse practitioners are board certified by their respective credentialing boards.

Office locations

iuhealthsouthernindianaphysicians.org/pediatrics

Bloomington - West
350 S. Landmark Ave.
Bloomington, IN 47403
812.335.2434

Arlington
4935 W. Arlington Rd.
Bloomington, IN 47404
812.353.3800

Bloomington - East
651 S. Clarizz Blvd.
Bloomington, IN 47401
812.333.2304

Bedford
1614 25th St.
Bedford, IN 47421
812.277.0118

Regular office hours

Bloomington
Monday – Friday, 8 am – 5 pm

Bedford
Monday – Friday, 8 am – 7 pm

Arlington
Monday – Friday, 8 am – 5 pm

Appointments may be scheduled during these times. These are also the best times to call with routine questions, medication refills, etc.

(See page 10 for Urgent Care Clinic and for Emergencies and After Hours care)

Routine scheduling

We always let you know at the end of each well child visit when your child will be due back for the next check-up and attempt to schedule the appointment for you. The American Academy of Pediatrics recommends the following schedule of routine well child physical exams:

- Birth
- Within First Two (2) Weeks
- Two (2) Months
- Four (4) Months
- Six (6) Months
- Nine (9) Months
- Twelve (12) Months
- Fifteen-Eighteen (15-18) Months
- 2-18 years of age – Yearly exams

If your child has a medical condition, which requires more frequent visits, such as asthma, diabetes, ADHD or other chronic conditions, the above schedule

will be adjusted accordingly. Starting in middle school, athletes are required to have yearly exams to maintain eligibility. If your child is current with his/her yearly well child exams, forms for sports participation, daycares, camps, etc. can usually be completed without a separate examination. Please remember it is your responsibility to keep your child current with his/her physical exams and immunizations.

On occasion, certain problems arise that can't be resolved during a "routine" visit. Extended visits may be scheduled to more effectively take care of these situations.

Our primary goal is to work WITH you to provide for the optimum health and development of your child. Please communicate any concerns you may have so we can achieve that goal together.

Sick visits

If your child is ill and needs to be seen, please call us after 8 am. We will always see you that same day, if necessary.

If you are uncomfortable with treatment suggestions we make over the phone and would like an appointment for your child instead, just let us know and we will work you in. If your child has been seen for an illness and isn't responding as he/she should to treatment, please let us know. The only way of knowing a complication may be arising is for us to communicate with one another.

If your child attends a daycare or babysitter's, it is important that these providers communicate with you if your child is sick so you may make arrangements to have him/her seen during office hours. (Please note: we do offer after hours appointments 365 days a year in our "Urgent Care Clinic" located at 350 S. Landmark Avenue in Bloomington.)

In case of emergency/After-hours care

We do provide an after-hours "Urgent Care Clinic" that is open 365 days a year for problems that can't wait until the next day. The Urgent Care Clinic is located at the Bloomington office at 350 S. Landmark Avenue. Urgent care is by appointment only. To make an appointment, please call us at 812.335.2434. Saturday and Sunday afternoon appointments are available for urgent care in our Bedford office. To make an urgent care appointment in Bedford, please call 812.277.0118.

We feel our Urgent Care Clinic offers a more cost effective and less threatening alternative to the use of hospital emergency rooms or acute care centers not dealing exclusively with children.

Note: There is an additional after-hours charge for services provided through the Urgent Care Clinic. This charge may or may not be covered by your insurance plan and is your financial responsibility.

We feel we provide extensive availability to care for your child by having our office open for your healthcare needs throughout the day and evening seven days a week, 365 days a year. Calls after hours should be reserved for emergencies only. If you need to call after hours, please call the office and you will be referred to our pediatric registered nurse call service. These nurses will assist you in arranging for the emergency care you need, or in providing advice to help you with your problem. Please use this service for emergencies and acute problems you do not feel can wait until the office is open. Please do not use this service for routine questions, prescription refills, medication changes, formula changes, appointment scheduling, or to settle arguments with spouses or relatives.

Fees, billing, insurance

Please feel free to ask the receptionist about any fees before or after your visit. These fees include physician services and occasionally laboratory services

or immunization fees. We recognize the high cost of medical care and make every effort to keep your medical costs down. For this reason, we request that you pay for medical services at the time of your visit. This will help cut down markedly on billing costs so these savings may be ultimately passed on to you. We do recognize that unexpected medical expenses are not always budgeted. If necessary, a monthly payment program may be arranged. Also, we do accept MasterCard, Visa, Discover and American Express as a courtesy to our patients.

We have agreements with some insurance carriers and will bill them directly for services provided in our office and at the hospital. If your insurance requires a co-payment for each office visit, we ask that you pay this at the time of your visit. For those insurance carriers for which we do not have provider agreements, it is your responsibility to pay for our services provided at the time of your visit and submit your claim for reimbursement. We will provide you with a "superbill" at each office visit. This bill can be attached to your own insurance form so claims can be filed with minimal difficulty.

If your insurance has not responded to claims within 60 days, the balance becomes your responsibility. We are more than willing to work with families to set up payment plans. Please call our direct billing line at 812.335.2436.

We have in the past, unfortunately, encountered numerous problems in being reimbursed for services in cases of children whose parents are divorced. Because of this, we ask that the parent bringing the child in to the office be responsible for payment that day, then collect reimbursement from the appropriate party if indicated in the same way patients with insurance do. We realize this can be a difficult situation and we appreciate your cooperation in this matter.

Feel free to call the office with any questions about routine illnesses, office policies, etc. We are happy to help you in any way possible!

Immunization fees

We recognize that immunizations are quite costly. While we prefer to follow your child for well care and medical problems, if your insurance does not cover the cost of immunizations and you prefer to receive these at the well baby clinic, we can provide you with a prescription listing which vaccines your child is due to receive at the end of the check-up appointment. You then simply take the prescription to the clinic and the immunizations may be given there. The Well Baby clinic is able to provide this service through their participation in an immunization program funded by the state.

Well days

Normal newborn care

Philosophy of Modern Pediatrics

The role of the pediatrician is not only to see your child for acute illnesses but to also provide comprehensive well child care. During the first two years of life, your child will be seen frequently. Growth and development will be followed closely and immunizations will be given. A TB test may be given to check for exposure to tuberculosis and your child will be checked for anemia or lead exposure. In the first two years we will also discuss proper nutrition and help you with other problems such as discipline or sleep problems, etc. so that you and your child can build a solid and healthy foundation for future growth and development.

Older children should have yearly checkups. During these visits, a physical examination will be done to catch any potential problems early in order to treat them early. Also, any problems with bedwetting, school or learning problems, nutrition, etc., will be discussed. Check-ups are scheduled every two to three months during the first two years of life, yearly until school age and then every one to two years unless needed more often for sports participation.

Normal newborn care

Let us examine the new baby, head to toe, so that we can become familiar with activities and features that make your child unique, normal, and the most beautiful baby on earth! Please note that not much of your "friendly" advice will come from our office. It will come from grandparents, relatives, friends and the person behind you in the checkout line at the grocery. Please use this office as your "objective" guide to baby care.

First day home

It is amazing how most babies instantly transform from being beautiful, quiet, perfect infants in the hospital to demanding and crying babies the second they arrive home. It is true, however, that babies become more alert and hungrier 24-48 hours after birth. The first few days are a major adjustment for baby and parent alike. This can be a difficult time, but it is also a time to finally settle down and start to get acquainted with one another. You will find your baby loves to be handled. Babies are comforted by gentle, firm handling and prefer to be wrapped snugly in a light blanket and cuddled.

What is normal?

Let's face it. Babies are STRANGE. They burp, sneeze, spit up, pass gas, make faces, grunt and cross their eyes on a daily basis. All these things are NORMAL for them. They can turn red in the face and make horrible sounds in the process of having a perfectly loose stool and this won't mean they are constipated!

Your baby's head may have undergone some "molding" during the birth process. It may look a little lopsided and have some bruising. The skull bones may also overlap slightly. This is all normal and gradually goes away in a few days. All babies have "soft spots" where the skull bones come together. The

biggest one is on top of the head in the front. This area may even pulsate, which is normal. It is not a tender area and may be washed thoroughly.

Your baby's eyes may have some swelling or discharge in the first day or two after birth due to irritation from the antibiotic ointment placed in the eyes at birth to prevent infection. Any discharge should be rinsed away with water and a clean washcloth. If the discharge doesn't clear within a few days, call the office during office hours. Many babies have tear ducts that don't function well in the first few months of life. These babies collect mucus in their eyes until the tear ducts start to drain. This is NOT an infection. Treatment involves keeping the eyes rinsed with warm water and massaging the tear ducts. This technique can be demonstrated in the office. Contact our office during regular hours if your infant has persistent eye drainage. We usually treat this problem conservatively and most of the time the drainage resolves by six months of age.

After the first few days, your baby will begin to open his eyes more and look around. Babies can't focus well or follow moving objects at birth. However, they can see short distances and like bright colors. Over the first two months, they begin to focus better and begin to track moving objects. They may occasionally look cross-eyed and this is not a cause for concern unless it persists longer than four months.

Your baby's nose may become congested with mucus, particularly in the first few weeks after birth. Use a bulb syringe to clear this. If the congestion isn't relieved with your baby spontaneously sneezing or use of the bulb syringe, you may use saline nose drops. These can be purchased over-the-counter at any pharmacy (Ocean Spray, Ayr, etc.) or you can make up your own by mixing 1/4 teaspoon of table salt in four ounces of tap water. Use two to three drops in one nostril, then suction after a few minutes for best results. Repeat on the other side. If the stuffiness doesn't interfere with your child's breathing or feeding, try not to let it bother you. Some babies sound more stuffy than others. Simply propping up your baby in an infant seat may help. Persistent congestion is often related to exposure to cigarette smoke or wood heat.

Many babies have nipples that appear raised and swollen. They may even have a milky discharge. This is due to hormonal changes and will normally subside in three to four months. Don't squeeze or rub medication on the nipples as it will only irritate them.

The genitals of both boys and girls may be swollen at birth. Girls commonly have a white discharge with some blood streaks from the vagina for up to one or two weeks after delivery. Boys often have a swollen scrotum, which usually contains fluid (a hydrocele); this normally resolves on its own during the first few months of life. However, if the swelling comes and goes or worsens, it may indicate a hernia. Call the office if this occurs.

Most babies have bowed legs or feet after birth. This is not a cause for alarm and almost never requires treatment. It is usually due to how they were "packaged" while in the womb and straightens out in due time. If you are able to passively move your baby's legs or feet into a neutral position, they will get there on their own eventually.

Your baby's umbilical cord will drop off at some point during the first two to three weeks of life. It is normal for there to be a few drops of blood when this happens and there may be some drainage intermittently for several days. Clean the area with alcohol or hydrogen peroxide when you notice blood or discharge. If the area develops red streaks on the skin or a foul odor, call the office. If your baby appears to have an "outie" or protruding umbilicus after the cord is off, no special treatment is needed. (See section on "Umbilical Hernias.")

Sudden movements, bumps and noises produce startle reflexes (jerky movements, throwing arms and legs out wildly). Babies also jerk or twitch for no apparent reason, even while asleep. Gentle, firm handling and calm, reassuring voices are easily sensed by your baby. As your comfort and confidence levels increase day by day, your baby will also be more calm and will overreact less often.

Newborn babies often have a rather irregular breathing pattern while sleeping. You will notice breathing may vary over 10 to 20 seconds from being very shallow and quiet, increasing in intensity to being deep and strong. This is called periodic breathing. Babies also appear to "sigh" and "catch their breath." They occasionally sound "rattly," especially during or after feedings. This is due to secretions above their airway and the babies will not act bothered by this. It will only bother us parents, as we would like to have them "clear their throats," but they don't! This is normal.

Newborn rashes

1. **Stork bites** - Flat, pink birthmarks may be present at the bridge of your baby's nose, eyelids or the back of the neck. About half of all newborn babies have some form of these. You may notice the spots becoming more pronounced when the baby is crying and fainter when the baby is quiet. The spots on your baby's eyelids (sometimes called "angel's kisses") will usually fade away in the first three to four months of life. Spots on the forehead or nose often take longer to fade and may not entirely fade away. Spots on the neck usually don't fade but are covered up as the hair grows.
2. **Mongolian spots** - These are bluish flat birthmarks seen most commonly in dark skinned babies on the back and buttocks. They may be present on any part of the body and usually appear less noticeable after the first two to three years of life.
3. **Milia** - These are tiny white bumps seen on the face of about 40 percent of newborns. They are basically plugged skin pores and usually open up and disappear by one to two months of age. No ointments should be applied to them.
4. **Erythema toxicum** - Over half of all newborn babies develop red blotches in the first week of life, some with a small white lump in the center. These can literally appear and disappear before your very eyes but they are NOT hives and do NOT mean your baby is allergic to anything in particular.

5. **"Drooling rash"** - A rash may often appear on the chin or cheeks due to excess drooling or contact with stomach contents after a baby spits up. Some of this can be helped by placing a clean towel under your baby's face during naps.

Jaundice

Most babies develop some degree of jaundice (yellow/orange skin color). This is not present at birth but becomes noticeable at two to three days and usually peaks at five to seven days. It is usually seen more with breast-fed babies and may persist to some degree for two to three weeks. Notify our office during office hours if you notice jaundice and:

1. Excessive sleepiness
2. Poor feeding
3. Less than three to four bowel movements in 24 hours
4. Less than three to four wet diapers a day

If your baby has jaundice but is feeding well, urinating and stooling, it is usually not a problem. Call us if you are concerned and we can see your baby and/or obtain a bilirubin level. Treatment is usually simple observation and occasionally phototherapy (usually done at home).

Stools

Newborns usually have at least three to four bowel movements in 24 hours by the third or fourth day of life. If your baby is breastfed and is not having at least three to four stools ("scoopable" poops, at least one tablespoon) in 24 hours by three or four days old, you should call our office for an appointment to weigh him and evaluate how breastfeeding is going . Breastfed babies may stool as many as 10 times in 24 hours. By one to two months the pattern changes, and babies may not stool for a week or more at a time.

Sleep

Newborn babies usually sleep more during the day than at night for the first couple of months. You may try placing your baby skin to skin with you during the day to try to get him to wake more during the day to feed, and sleep more at night. This may take several weeks to work, so enjoy taking naps during the day when he is asleep and keep visits with friends and family short for the first week to get some rest.

Your baby should wake up at least eight times (eight to 12 times for breastfed babies) in 24 hours to feed. If you have a "good" baby who does not wake up at least eight times in 24 hours to feed, awaken your baby every three hours (one four hour stretch of sleep is fine) to feed. If you are breastfeeding and he falls asleep in less than five to 10 minutes, call our office for an appointment to evaluate how breastfeeding is going. You may try having him skin to skin with you on your chest (this encourages your baby to wake up naturally within 20 minutes or so) or take his clothes off and gently rub his back or head to help him to awaken to feed.

If at all possible, your baby should sleep in his/her own crib and own room. Babies normally are very noisy when they sleep. For your baby's safety, under no circumstances should you sleep with him/her in your bed.

Babies should sleep on their backs or propped to the side. Crib death (Sudden Infant Death Syndrome) has been shown to occur only half as often when babies are positioned in this way. By five to six months, many babies can roll back to front and positioning is no longer an issue. Keep the crib free of pillows or items that could cause suffocation until 12 months of age. Consider using a sleeper outfit instead of a blanket. If you do use a blanket, place the baby with his/her feet to the foot of the crib and tuck a thin blanket around the crib mattress, covering only as high as his/her chest.

Some things you'll need for a new baby

Thermometer

A glass or digital thermometer is fine. The "ear thermometers" currently in vogue are fine for babies over three years of age but a rectal temperature with a glass or digital thermometer is more accurate and a more important issue in infants during the first two months of life. The ear thermometers have the advantage of being very quick to use but the temperatures can vary significantly. The thermometer strips available to be used on a child's forehead are NOT RECOMMENDED! They're okay for aquariums, but unreliable for children. The pacifier thermometer tends to underestimate the temperature on average 0.5°F, and it needs to stay in your infant's mouth at least three and a half minutes. Thus, if a fever is highly suspected, a rectal temperature is the most accurate option.

Medicine spoon/dropper

Kitchen teaspoons and tablespoons are not accurate for the measuring of medications so a medicine spoon or dropper, preferably one that measures in both teaspoons and milliliters, is needed.

Infant Aceteminophen drops (Tylenol/Tempra)

Call before giving these to a child under two months of age. After two months, feel free to use this as directed for fever, teething pain, etc.

Car seat

This is one of the most important items to obtain for your child. Never purchase a used car seat for your child. Most seats are now safety tested

to meet government standards. Do not use a car seat that is: 1) too old (some manufacturers recommend their seats be used only five to six years), 2) was in a crash, 3) has any cracks in the frame or is missing any parts 4) does not come with instructions, or 5) does not have a label with the date of manufacture and seat name or model number.

Poison Control number

If your child eats or drinks a potential toxin (plant, medication, etc.), first call Poison Control at 800.222.1222. Ipecac is no longer recommended as a routine poison treatment intervention in the home. Existing Ipecac in the home should be disposed of safely.

Plug-in outlet adapters

Small plastic adapters to plug into empty electrical outlets are important once your baby begins to explore.

Diapers

Either cloth or name brand disposable diapers are fine. Generic brands or off brands of disposable diapers do tend to create more problems with diaper rash.

Patience and a sense of humor

Enjoy your baby!

Feeding your baby

Breastfeeding

You've decided to breastfeed – a wonderful way for you to nourish and nurture your baby! Breast milk is a living fluid and protects your baby while her immune system is developing. It changes as your baby grows, meeting her changing needs.

Breastfeeding is the normal way humans were designed to feed their babies, but it is a learned process for both of you, similar to learning to dance. It may take up to a couple of weeks for you and the baby to learn this new dance together.

Feeding cues

Signs of your baby's readiness to feed include hand-to-mouth movements, smacking lips, eye movement in light sleep, clenched fists, and movements of the arms and legs. She is really ready to nurse when she begins to "root" toward anything that comes close to her face. Nurse your baby every time she shows any of these signs. Crying is a late sign of hunger. Keep your baby in the room with you at least until breastfeeding is well established so that you nurse before she is hungry enough to cry.

Frequency of feedings

Breast milk is made "on the spot" as the baby suckles at the breast and stimulates the nipple. This sends signals to the pituitary gland to make milk. Therefore, babies need to be breastfed at least eight to 12 times in 24 hours in order to gain weight and stimulate your milk supply. Interestingly, the more frequently you nurse in the first two weeks, the more milk you will produce at four to five months. Remember that breast milk is easily digested, so infants who are breastfed nurse frequently.

Length of feedings

Some babies nurse every one and a half to three hours, while others "cluster nurse" several times in a row and then sleep for four hours. Feedings may vary in length – as long as your baby is actively breastfeeding – that is, suckling with long, drawing sucks, she should be allowed to stay there. Your baby may nurse for five to 20 minutes on each side, or may nurse on only one side. What is important is that you are physically comfortable, and your baby is getting enough to eat. If your baby is "hanging out" at the breast (not actively sucking to feed), you don't need to burp her – just gently lay her down. Or, you can try burping her when finished with one side to see if she awakens to nurse the other breast as well.

If your baby is hungry before the feeding (fists clenched, actively rooting for the breast) and satisfied at the end of the feeding (fists unclenched, arms relaxed), and stools at least three times in 24 hours, things are probably going well. However, if she is feeding for only a few minutes, or for over an hour at most sessions, is hungry immediately or frequently after the feeding, or is a "good" (too quiet, not demanding) baby, call our office for a weight check and breastfeeding evaluation. The good news is that most babies fall into a more predictable pattern by the time they are five to six weeks old, with occasional days when they will nurse more frequently, i.e. during growth spurts.

Weight

All newborn babies lose weight during the first days of life, whether breastfed or formula-fed. They are born with extra fluid because it takes a few days for the full volume of milk to "come in." The first 24 hours of life, your baby will get about three tablespoons of colostrum, a clear substance containing antibodies and all the calories she needs. The second day, she will get about 13 tablespoons, and by day three to five your breasts will fill with more milk.

The exclusively breastfed infant usually loses up to seven percent of birth weight, and will usually regain to birth weight by 10 days of life. Breastfed babies gain quickly once the milk is in, usually a half to one ounce per day. The

number one reason women give up breastfeeding or supplement with formula is the perception that they do not have enough milk. If you have any questions about whether your baby is getting enough milk, please call our office for an evaluation of how breastfeeding is going.

The latch

The latch is the way the baby takes the breast and transfers milk into the mouth. A good latch is crucial to breastfeeding success! It prevents sore nipples for the mother (the number two reason women stop breastfeeding), ensures that milk is being transferred from your breast to the baby, and stimulates continued milk production.

Tickle your baby's upper lip with the nipple, and WAIT until she OPENS WIDE, and then latch her on with your nipple pointing to the roof of her mouth. Your baby should take a BIG mouthful of breast tissue to get a deep latch. This protects your nipple by placing it in the back of her mouth where it is soft. She should not make "clicking/slurping" noises, and her cheeks should not dimple when she sucks.

While your baby learns to nurse, it is common to have to "de-latch" her several times before getting a good latch. Do this by placing your finger deep into her mouth to break the suction, then move her away from your breast and try latching again. If your baby is having difficulty latching, call us or a Lactation Consultant immediately for assistance.

Position

Proper positioning of the baby at your breast is important for her to get a good latch. Make sure she is tucked in to you, "tummy to tummy." Have pillows available to support your arms and hands. Relax your shoulders. There are several positions for breastfeeding your baby. The cradle and football hold are commonly used until your baby has learned to latch easily. The side-lying position allows you to rest lying down while she nurses.

Maintaining a good milk supply

The most common cause of early weaning is thinking you don't have enough milk. Since you can't measure how much milk the baby is getting in ounces, you need to know how to make sure she is getting enough milk.

- Keep a diary of feedings and bowel movements for the first few days at home.
- Your baby should feed eight to 12 times every 24 hours.
- Your baby should stool three to four times every 24 hours. The stools should be changing from black to brown to green and then should be loose, seedy and yellow.
- Your baby should have four to five wet diapers every 24 hours in the early days (six or more wet diapers by six days).
- Watch for long, drawing sucks and listen for swallowing sounds.

Spitting up

Babies can spit up frequently. This is usually more of a "laundry issue" than anything concerning. However, if you baby "projectile" vomits (spits up most of his feeding and it shoots out of his mouth) more than once in 24 hours, or if you have concerns about how frequently your baby is spitting up, call our office to make an appointment to have him evaluated.

Going out

It is best to begin expressing/pumping and storing your milk after breastfeeding is well established. Pump no longer than 15 minutes each session. Some women find that hand expression or a manual pump works well. You can rent or buy a double electric breast pump at Indiana University Health Bloomington Hospital or at your WIC office. The person from whom you rent or buy a pump should make sure the flanges fit your breasts. A little olive oil applied to the inside of the flange helps with comfort while pumping.

Going back to work

Indiana has a Lactation Support in the Workplace Law (SEA 219). The law says state and government offices, and employers with more than 25 employees, must try to provide a private space and cold storage for employees who pump

their breast milk. Introduce a bottle with breast milk when your baby is about one month old, or a month before going back to work. If he doesn't like the idea at first, here are some things you can try:

- Feed your baby the bottle when he is sleepy
- Have someone other than his mother feed him while she is away.
- Offer the breast milk in a different container – a syringe or even a tiny cup, or a "sip cup" if he is a few months old.

Collection and storage of breast milk

- Wash equipment in hot soapy water with a bottle brush. Sterilizing it is not necessary.
- It is best to store milk in plastic (BPA-free) or glass bottles. Plastic milk storage bags are acceptable for occasional use. Some components of breast milk "stick" to the plastic bag.
- Freshly expressed breast milk may be kept at room temperature (75 degrees) for eight to 10 hours if necessary, stored in the refrigerator for five to seven days, and in the back of a freezer that is separate from the refrigerator for five to six months. If you aren't going to use the milk for several days, it is best to freeze it as soon as possible.
- Do not add fresh warm milk to frozen milk.
- To defrost, place milk in lukewarm water until it reaches room temperature, about 20 minutes, or defrost it in the refrigerator. Do not microwave or defrost in hot water – this can change the properties of the milk.
- Breast milk separates when standing because it is not homogenized. Shake it gently to mix.
- If your baby does not finish his bottle of breast milk, you may place it back into the refrigerator but it must be used within four hours.
- Do not add fresh breast milk to what is left in a bottle of unfinished breast milk. Let him finish what is left and then finish his feeding with a new bottle of breast milk.

Common breastfeeding challenges

Breastfeeding should never hurt beyond some tenderness during the early latch. Please call our office or a Lactation Consultant if breastfeeding is in any way painful.

Sore nipples

Treat tender nipples by applying breast milk or lanolin cream after nursing. Start nursing on the least sore side first. If your nipples are too sore to allow your baby to nurse for longer periods of time (i.e. for comfort), find other ways of comforting him.

If you have sore nipples beyond the first week, or if you feel a burning sensation during or after breastfeeding, you or your baby may have a yeast infection ("thrush"). This is more common in babies and mothers who were treated with antibiotics. Call our office for an appointment. This condition needs to be evaluated and treated with an anti-fungal agent. Your nipples do not need to be washed, except during your routine shower.

Difficulty with the latch

Try placing your baby skin-to-skin between your breasts. This may calm the baby who is fussy trying to latch, or help awaken the baby who is too sleepy to latch. Try expressing your milk from the nipple and touching it to your baby's upper lip. If she is too sleepy, try gentle waking techniques (undress her, tickle her feet, wipe her face or back with a cool cloth). Watch closely for feeding cues, and completely avoid pacifiers until she has learned to latch well and breastfeeding is well established.

If none of these techniques work, begin pumping every two and a half hours for 10 to 15 minutes, or expressing your milk by hand. You may not get much milk at first but anything you get should be saved and given to your baby. Supplemental feedings, whether breast milk or formula, should be offered with a small cup (a shot glass works well) or syringe if possible to avoid confusion between a bottle nipple and your nipple. However, sometimes a bottle is used if your baby is too sleepy or is not gaining weight well enough.

Engorgement

Engorgement, a sense of fullness in the breasts, occurs usually on days three to five when your body is still trying to figure out how much milk to make. Your breasts may be so full that they become firm and it is difficult for the baby to latch. Try taking a warm shower or massaging your breasts to get the milk flowing and soften your breasts for your baby to latch. Don't use hot water for long periods – this can increase the swelling. After nursing, applying icy cold compresses can help relieve some of the warmth and discomfort. Freeze a water-soaked diaper, or use bags of frozen vegetables. Nurse your baby frequently - your baby, if latching well, is the best help to relieve engorgement.

You may also hand express or pump your breasts just until your breasts are soft enough for your baby to latch. Ibuprofen and acetaminophen can help you feel better until your body adjusts the amount of milk to make for your baby and the engorgement resolves.

Fussy baby

Babies are often gassy and fussy the first few months, with evening hours often being the worst. This is not necessarily due to low milk supply or something you have eaten. If your baby is fussing more than usual, try avoiding caffeine intake or eliminating cow's milk protein for two weeks. Nurse frequently, wear your baby in a sling and walk around, give him a warm bath, drive him around in the car, or enlist a family member to help soothe your baby and allow yourself to take a break. It may be tempting to give formula, but it can cause more problems than it relieves. Check to make sure your baby's fussing isn't from being too warm or cold, having a wet diaper, or simply needing a change in the way he is held. Fussiness usually diminishes by two months and resolves by three to four months. Call our office if your baby is inconsolable, has intermittent bouts of screaming, or has signs of illness such as a fever.

Frequently asked questions about breastfeeding

Do I have to eat any special foods while I breastfeed?
Current research does not indicate that any special foods are needed or to be avoided to "make good milk." You should eat a well-balanced diet and drink when you are thirsty for your own health.

Should I put my baby on a schedule?
Some books advocate placing babies on a schedule to help them learn to "sleep through the night." This does not meet the needs of the helpless newborn, and can interfere with growth and milk production. Babies begin sleeping through the night when they are developmentally ready.

"I think my baby may be using me as a pacifier. She wants to nurse a lot."
How frequently your baby nurses depends on her growth and developmental stage at any given time. The length and frequency of feedings varies from baby to baby and day to day. On days when she feeds more frequently, she is likely experiencing a growth spurt.

Breastfeeding on demand ensures that she is getting enough milk and that your body keeps producing enough for her to grow adequately. If your baby is a few months old, she could be feeding more frequently because her sleep patterns are changing, she is experiencing discomfort from teething, or something in her routine has changed (i.e.: travel). Infants and older babies do nurse for comfort, and if their "non-nutritive" sucking needs are not met at the breast they will often suck on blankets, a pacifier, or their thumb. The comfort and nurturing you offer by nursing is as important as your milk!

My medication insert states "Consult your doctor if pregnant or nursing."
Most medication inserts err on the side of caution. Most medications are safe for you to take while breastfeeding, and those that are not can most often be switched to ones that are. That being said, antihistamines and pseudoephedrine can decrease your milk supply. If you have to take them, drink plenty of fluids. Birth control pills, shots and implants can also decrease

your milk supply. Call us to ask us about any medication you are considering taking – we will refer to Medications and Mother's Milk by Dr. Hale, which contains the most up-to-date research and drug information for breastfeeding mothers. If anyone tells you that you have to stop breastfeeding, call our office or a Lactation Consultant immediately.

How long should I continue to breastfeed?

The American Academy of Pediatrics states "exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first six months of life and provides continuing protection against diarrhea and respiratory tract infection. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child." The American College of Obstetricians and Gynecologists and the American Academy of Family Physicians have similar recommendations.

Can I breastfeed and formula-feed?

Yes. The benefits of breast milk are "dose-dependent." This means the more breast milk your baby gets, the more your baby benefits, and that even a little bit can keep your baby healthier. Many women decide to breastfeed at night because it's easier not to have to prepare the bottle of formula, or to breastfeed before work and in the evening.

Will breastfeeding change my breasts?

The changes your body goes through during pregnancy includes your breasts, so it is not breastfeeding but pregnancy that changes the breasts.

I want my partner to be able to participate in feeding my baby.

Until breastfeeding is well-established, your partner can help by holding your baby skin to skin, burping her, soothing her by allowing her to suck on a clean finger if she is finished feeding, and giving YOU a neck massage to help you relax while feeding! Later on your partner can feed her pumped breast milk from a bottle.

Call our office for more resources.

Formula feeding

It is important to use a formula that suits your baby's needs. Some formulas are made from cow's milk, and some from the soy plant. Hypo-allergenic formulas are made of partially digested proteins. The formula you choose should be fortified with iron. Formulas come in powdered, liquid concentrate and ready-to-use formulations. We can discuss which formula is the best type of formula for your baby.

Frequency of feedings

Feed your baby about every two to four hours, but not on a schedule – watch for cues that indicate he is hungry (hand to mouth motions, sucking on his hand). Wake him if he has been sleeping for four hours.

How do I know if he's getting enough?

Your baby should have at least one soft stool a day and six or more wet diapers every 24 hours. Call us if he has hard stools or trouble having a bowel movement.

In the first few days, your baby will take one to two ounces, and by one week, he will take two to three ounces each feeding. Let the baby decide how much to take. If there is some formula left in the bottle that is a good sign that he took what he needed. Do not make him finish the bottle. This can cause overfeeding and weight gain problems. If he gulps his feedings and looks like he is trying to catch his breath, take frequent breaks during the feeding to let him catch his breath. Stop several times during the feeding to burp him, more if you find that he spits up after or between feedings.

Positioning

Always hold your baby while feeding him. Never prop his bottle. Feed him in a semi-upright position to prevent formula from getting into his inner ear and causing an ear infection. Switch arms when feeding him – this helps him to use both eyes while he looks at you while feeding.

Feeding time is not just about nutrition, it is also about interacting and learning. If your baby takes his bottle quickly, cuddle him and talk to him afterward.

Preparing formula

- Shake the can of formula before opening. Wash the top of the can with hot soapy water.
- Follow the directions on the can exactly. If it is mixed to be too strong or too weak it can make your baby grow poorly or get sick.
- Once the formula is opened or mixed it must be kept in the refrigerator at 40 degrees or lower. Formula mixed from concentrate or is "ready-to-feed" must be used within 48 hours. If mixed from powder it should be used within 24 hours (powdered formula is not sterile).
- Warm bottles of formula under running water. Never heat in the microwave.
- Once formula it taken out of the refrigerator it must be used within one hour of reaching 40 degrees. After that it must be thrown out.
- Distilled water is the safest water to use to mix infant formula.
- Never use the scoop from one brand of formula to mix a different brand of formula.
- Do not put the scoop back into the can once you have handled it, because this can contaminate the powder. Keep the scoop in a plastic bag when not using it.
- Write the lot number of the formula can down, in case there is a recall of that product.
- Bottles and nipples should be washed in hot soapy water or through a dishwasher cycle in the top rack. There is no need to sterilize bottles or nipples if your baby is doing well.

Going out

Make sure to pack formula you have already mixed in a cooler that keeps the formula cold enough until it will be used, or bring sterile water to mix powdered formula, or "ready-to-feed" formula which is sterile until opened (but is more expensive).

Please call our office if your baby is having any difficulty with formula feeding or have any questions about formula feeding your baby.

Beginning solid foods

For some reason, friends and relatives tend to fixate on when a baby has his first water bottle and first bowl of cereal! Any pediatric allergist will tell you, however, the most important factors in avoiding the development of food allergies are breastfeeding and delaying solid foods. Breast-fed babies are afforded some degree of protection from food allergies, and the longer a child is exclusively breast-fed, the better.

The sooner solid foods are introduced, the more chance there is of developing allergies over time.

Our goal is to delay solid foods until somewhere between four to six months of age. This will vary from baby to baby, however. We can't realistically expect a baby with a birth weight of 10 pounds to be ready for solids at the same time as a baby whose birth weight was five pounds! If your baby is breastfeeding and sleeping through the night, don't start solids. If, however, she has been sleeping eight hours at night and is now waking for two additional night feedings, she may be ready for solids.

If your baby is bottle feeding and taking more than 32 ounces of formula in a 24-hour period, you may give a solid feeding supplement if she's still hungry after the 32 ounces. Rice cereal is a good choice for your baby's first solid food. It may be mixed with breast milk, formula or apple juice until quite thin, then fed to your baby with a spoon. Do not use an infant feeder! These lead to overeating, potential choking or aspiration and defeat the purpose of teaching your baby about eating solid foods.

After several weeks on rice cereal, you can begin to slowly introduce your baby to different solid foods. A good rule of thumb is to introduce solids slowly, using one new food for five to six days before trying another. Most pediatricians recommend cereals first, followed by either yellow vegetables or green vegetables, and then fruit. After six months, meats may be introduced. Juices should be treated as fruits (but no orange juice until around 12 months of age)

and should be diluted to half strength with water. Babies should not have more than four ounces of juice per day.

Some foods, including eggs, orange juice, and peanut butter should not be given to children during the first year of life. These foods are considered “high risk” in terms of developing food allergies, especially if received early in life. Honey should not be given to children during the first year of life because raw honey can contain spores causing botulism in young children. These foods can be discussed in more detail during office visits.

Frequently asked questions by new parents

Clothing

Clothing should be loose-fitting and allow for easy movement. Don't overdress your baby. Dress him as you would yourself. Your baby's hands and feet may feel cool, but if his body is warm, he is fine. Cotton material is best. Wool may irritate your baby's skin. Wash new clothing before putting it on your baby for the first time. Dreft detergent is a good choice for washing clothes and diapers. Softeners and anti-statics are best avoided for the first year, as they frequently cause skin irritation.

Crib

Your baby's crib slats should be no more than 2 3/8 inches apart and the surface should be free of splinters and painted with a non-lead based paint. The mattress should be the appropriate size for the crib. Don't permit hanging toys or window curtains within reach of your baby.

Room temperature

Ideal room temperature for your baby is 65-70 degrees (no different than you probably keep it anyway!). Additional humidity during winter may be provided by central or room humidifiers. Be sure to clean frequently to prevent the spread of mold.

Skin and hair care

Your newborn's umbilical cord should be kept clean and dry. Cleansing with alcohol around the base of the cord during diaper changes is sufficient. Once the umbilical cord is off and, if you have a circumcised boy, once the plastic

ring is off the circumcision, the baby may be bathed in the tub (or sink). Until then, sponge your baby with warm water only or with a very mild soap such as Dove or Neutrogena for "real messes." Babies don't need to be bathed daily, just when dirty. (Once or twice a week is often enough during the winter.) Again, plain water or a very mild soap (Dove or Neutrogena) are all that are needed.

The skin of newborn babies often appears dry and flaky. You do not need to apply lotion or oils to your baby's skin. Beautiful new skin is growing under the layer that is flaking off. However, if the skin is very dry, you may apply an unscented baby lotion, olive oil or baby oil to the dry areas – your baby may even enjoy the massage he gets as you apply the lotion!

Hair should be washed with a mild baby shampoo. You may wash around the outside of your baby's ears with a Q-tip or soft washcloth. Do not insert Q-tips or other objects into your baby's ear canal.

Cradle cap

If your baby has oily, yellowish scales and crusts on his scalp, he probably has "cradle cap," a common condition in young infants. Applying baby oil to the crusts before shampooing will help soften them so they are more easily removed. Use Selsun Blue shampoo and an old toothbrush to scrub the scales up and clear the problem fairly easily. Use the Selsun Blue daily until the scales have cleared, then once or twice a week to keep the problem from flaring up again.

Circumcision

The decision as to whether to have a newborn son circumcised is no longer considered a medical one. While statistically there is a slightly higher chance of urinary tract infection in an uncircumcised male, the chance is still extremely low (1%). And, new research suggests that circumcision can reduce the risk of contracting HIV. Most physicians do not inflict their personal feelings, pro or

con, on families but allow the families to make their own decision on this very personal issue.

If you wish your newborn son to be circumcised, this can be performed in the newborn nursery prior to discharge from the hospital. A local anesthetic is injected to numb the area. “Plastibell” circumcisions are most commonly performed in this part of the state. This means there is a plastic ring that remains on the tip of the penis for a few days following the procedure. The area should be cleaned with warm water until the Plastibell detaches. If the ring appears to be slipping down the shaft of the penis, contact the office. Otherwise, the Plastibell should detach on its own within five to seven days after leaving the hospital. It is normal for a moderate amount of yellow mucus to be present when the ring is detaching. If you have concerns about this or feel the area looks red or infected, call the office.

If you do not want your newborn son to be circumcised, no special care of the foreskin is needed. Just clean the tip of the penis. Do not try to retract the foreskin forcefully. It will retract naturally as your child gets older (usually by five to 10 years of age).

Colic

Colic is seen in 10 percent of healthy, well-fed babies and usually begins around the third to fourth week of life. It ends (hopefully) by the third month. These babies have an excessive amount of fussy crying and appear to be in pain. There may be multiple causes for what we presently term “colic,” but nobody is sure exactly what the causes are. It is seen in both breast-fed and bottle-fed babies. It is not the result of inadequate parenting so don’t blame yourself if your child has this problem!

There are several things to try to help the crying spells.

1. Rhythmic, soothing activities – Try carrying your baby in a front pack or pouch. An automatic baby swing, rocking cradle or buggy ride may help.

Sometimes a drive around the block in the car may help. Putting the baby in an infant seat on top of the clothes dryer and then running the dryer with some sneakers in it will sometimes soothe the baby. (Be sure the seat is secured so it won't jiggle off onto the floor!)

2. Some babies are calmed by sucking a pacifier. If your baby has eaten in the past two hours, don't feel you must feed him. Colicky babies aren't usually hungry.
3. Warming the baby with a warm water bottle or warm towel on her tummy or swaddling her may help.
4. Soft sounds may calm your baby. Soft music or a recording of sounds from mother's womb may be used.

If your baby is dry and has been fed, it is perfectly all right to close the door to his room and let him cry for a while. Check on him periodically, but try setting a timer for 20 minutes and use this time to do something YOU want to do! Colic can be very frustrating and exhausting for parents if you don't take "time out" occasionally. New mothers in particular should try to take at least one nap each day. You can also try to increase the amount of time your baby sleeps at night by not allowing her to sleep more than three to four hours at a time during the day.

Dental care

Your child's gums should be massaged daily with a wet washcloth until the first tooth erupts. You may then change to a soft toothbrush with plain water or just a pea sized amount of toothpaste on the brush. Fluoride is important for preventing tooth decay but TOO MUCH fluoride can discolor your child's teeth. Your child will need help with brushing until about school age. Younger children aren't coordinated enough to maneuver the toothbrush everywhere it needs to go.

Most dentists like to begin seeing children as early as their first birthday for routine dental care. Check with your family dentist as to his or her preference.

If your family dentist does not see young children, we can refer you to a pediatric or family dentist who does.

The leading cause of tooth decay in children under two years of age is taking a bottle in bed at night. Breastfeeding at night has not been shown to cause dental cavities. Studies show that components in breast milk may act against the bacteria that cause dental cavities.

The city water supplies in Monroe, Lawrence, Owen, Brown and most surrounding counties have adequate amounts of fluoride. If you have well water, a kit for testing the amount of natural fluoride in your water may be obtained from your county health department. Request a WAF (Water Analysis-Fluoride) kit. The kit comes complete with all instructions and a mailing label. If your water source is found to be deficient in fluoride, a prescription can be given through our office or your dentist's office.

Monroe County residents:

Monroe County Health Dept.
119 West 7th
Bloomington, IN 47402
812-349-2543

Lawrence County residents:

Lawrence County Health Dept.
2419 Mitchell Road
Bedford, IN 47421
812-275-3234

Diaper rash

Diaper rash is a common problem among babies. You can help prevent it by keeping your baby's diaper area clean and dry. At each diaper change, the area should be cleansed with water and a soft cloth or with diaper wipes that don't contain alcohol, oils or perfumes. Once a day, wash the diaper area with warm water and soap. Allow your baby's bottom to air dry before putting diapers back on. Air drying with a hair dryer on a cool setting can be very soothing.

If your baby develops a diaper rash around the rectal area, a barrier cream such as Desitin or Vaseline should be used. If the area is very red and "scalded" looking, your baby's stools may be somewhat acidic. Applying Maalox (Yes, like you drink!) and then covering with Vaseline will speed the clearing of the rash.

If your baby has recently been on antibiotics, diagnosed with thrush or has developed red bumps over the front of the diaper area, she/he may have a yeast infection causing the rash. Lotrimin cream used twice daily should clear this. (Lotrimin is now available over-the-counter.) If unsure, call the office during regular hours.

Hernias

Inguinal hernias appear as bulges or swollen areas in your child's groin (or scrotum, in males). The bulges often change in size, becoming larger or smaller in the course of a day. They may be slightly tender. If you notice any swelling in your child's groin (boy or girl), notify the office. Hernias appearing in the groin area do require surgical repair, although usually on an outpatient basis. It is only an emergency if the baby is very fussy, the area won't reduce (become smaller) with mild pressure or if the area is discolored and the baby is not feeding or is vomiting.

Umbilical hernias occur when a weakness in the muscle around the "belly button" causes it to protrude outward. These are very common and usually cause no problems. When a child cries, the umbilicus will protrude more, but it won't break! The hernia usually resolves on its own by school age without treatment. Taping a quarter over the area won't make things go away any sooner and babies can develop allergic rashes from the tape.

Immunizations

DTaP

This vaccine protects your child against diphtheria, pertussis, and tetanus. A tetanus booster is given every five to 10 years after entrance into school. Your child may experience fever, irritability and pain or swelling at the injection site in the 24 to 48 hours following this vaccine. Acetaminophen and cool compresses usually help any discomfort. There have also been rare reports of cases of encephalopathy (nerve and brain damage), usually temporary, in one

of every 100,000 to 300,000 children following DTaP immunization. With the newer generation of acellular vaccine (DTaP) we rarely see any side effects at all.

Flu vaccine

Any child over six months of age may receive the influenza vaccine, and it is now recommended not only for high-risk children, such as children with asthma, diabetes or other chronic conditions, but for all healthy children over six months. There is an intranasal influenza vaccine now available for healthy children two years and older. This protects against infection with the influenza virus, which causes a week-long illness of headache, sore throat, fever, muscle aches and dry cough. Epidemics of influenza occur each winter and each year a flu vaccine is "custom made," based on a prediction of which strains of virus will be predominant in the coming winter months. The vaccine is best given in the fall months to allow time for immunity to develop before "flu season" hits.

Hepatitis A (HEP A)

Hepatitis A is a virus that can cause liver disease. Hepatitis A is spread through contaminated food and water. The vaccine for hepatitis A is a two-dose series given six to 18 months apart. It is recommended for all children beginning at one year old.

Hepatitis B (HEP B)

This vaccine provides protection against the Hepatitis B virus, which can be transmitted across the placenta at birth or later in life via blood or sexual contact. The first injection is given at birth. Side effects are minimal, with usually just some tenderness at the injection site. The Hepatitis B series is now a required immunization for all children entering public schools for the first time.

Hemoglobin/Lead screen

These tests may be indicated at around nine to 12 months to screen for anemia or exposure to lead in the environment. We will discuss at the well child visit whether these are indicated for your particular child.

HIB

Each child receives three or four doses as indicated. This vaccine protects your child from infection with the bacteria Haemophilus Influenza type B, which causes epiglotitis and meningitis in childhood. Side effects are rare and include fever and redness at the injection site.

HPV

This vaccine provides protection against the human papilloma virus (HPV), which can infect the genital area of men and women. It can cause warts and cancer of the penis in men and abnormal Pap tests, warts, and cancers of the vagina and cervix in women. A vaccine to prevent HPV infection with strains causing 70 percent of cervical cancers and 90 percent of genital warts is recommended for males and females nine to 26 years old. These HPV types are spread by sexual contact and 80 percent of men and women will be infected at some time in their life. Protection is best when the vaccine is given before becoming sexually active. We suggest beginning the three-dose series at the 11 or 12 year check-up, with a second dose in two months and the third dose four months later.

Meningococcal

This vaccine can prevent four types of meningococcal disease, including two of the three types most common in the United States. Meningococcus is a serious disease caused by bacteria and is the leading cause of bacterial meningitis in children two to 18 years of age. Meningococcal vaccines cannot prevent all types of the disease, however, they do protect many people who might become sick if they did not get the vaccine. The vaccine protects about 90 percent of recipients and because meningococcal disease is so serious, prevention is better than treatment. Two forms of the vaccine are available depending on the child's age and risk factors.

MMR

The measles, mumps and rubella (German measles) vaccine is given in two doses. Reactions to this don't occur until one to two weeks after the vaccine is given. There may be fever, rash and aching joints. During this time, your child

is NOT contagious to others at all. Acetaminophen or ibuprofen will help make your child more comfortable. Getting the MMR vaccine is much safer than getting any of these three diseases.

Polio vaccine (IPV)

Polio is a disease that can paralyze. The vaccine is now an injectable killed virus and is given in four doses. There are very few side effects.

PPD

A TB skin test is recommended in the event of a TB exposure. If any family member is diagnosed with TB or develops a positive skin test or any immune deficiency, it is important to let us know as this will change the schedule for your child's testing.

Prevnar

This vaccine helps protect infants and toddlers from diseases caused by the streptococcus pneumoniae bacteria. These include meningitis, bacteremia, pneumonia and ear infections. Prevnar is given in a series of four doses and has side effects similar to those seen with other childhood vaccines.

Rotavirus

Rotavirus is the most common cause of vomiting and diarrhea in the United States. Nearly every child will be infected in the first two to three years of life. The vaccine for rotavirus is a liquid that is swallowed at the two and four month check-ups. Vaccination prevents severe forms of the illness that may lead to dehydration and the need for hospitalization.

Tdap

This vaccine was licensed in 2005 and is the first vaccine that protects adolescents against all three of the following serious diseases: Tetanus, Diphtheria and Pertussis. Tetanus, diphtheria, and pertussis are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds. Adolescents 11 through 18 years of age should get a booster dose of Tdap every five to 10 years.

Varivax

At 12 months or older, this vaccine is nearly 95 percent effective in preventing severe chicken pox. Side effects include some fever and pain at the injection site. Also, two to four weeks after receiving the vaccine a child may actually develop a few spots like the chickenpox. No special precautions are needed in a child who develops these spots, as the odds of passing the virus on to otherwise healthy people are very slim. However, they should avoid people with known immune deficiencies or who are on chemotherapy. A second dose of varivax is given at four to six years of age.

Childhood Immunization Schedule

	Lead screen	Hep A	Hep B	Hib	MMR	IPV	Prevnar	RV	DTaP	Varivax
Birth			■							
2 mo.			■	■		■	■	■	■	
4 mo.			■	■		■	■	■	■	
6 mo.			■			■	■		■	
9 mo.	■									
12 mo.		■		■			■			
15 mo.					■					■
18 mo.		■							■	
4-6 yrs					■	■			■	■
11-12 yrs - Meningoccocal, Tdap, HPV series										

We give immunizations according to the current American Academy of Pediatrics guidelines. These may change as new vaccines become available or depending on when immunizations are started.

Pacifiers

Most pediatricians don't have strong objections to the use of pacifiers in infants who seem to have a strong need to suck. A properly shaped pacifier is less damaging to the developing mouth than sucking on a thumb or finger. Pacifiers should be of a one piece design to avoid the possibility of an infant swallowing or choking on a part of it. Pacifiers should not be placed on strings tied around a baby's neck or any string used that is long enough for a baby to strangle on.

Spitting up

Spitting up is very common in newborn babies and is due to a weakness of the muscle at the upper end of the stomach. It improves with age and has usually cleared up by the time a baby starts walking. Most spitting up has nothing to do with what formula your baby is on so formula changes after leaving the newborn nursery are rarely indicated. Please call the office before changing your baby's formula.

Giving your baby slightly smaller feedings more frequently and avoiding tight diapers will help somewhat. Although burping during feedings is important, a baby should be burped only when he or she pauses in feeding. Sucking should NOT be interrupted. Burping is less important than giving smaller feedings. If your baby is still having a significant amount of vomiting despite these measures, call the office and we can discuss possibly thickening the feedings with cereal or other measures.

Most "spitters" start having problems during the first week of life.

If your baby has not had problems in the past but suddenly begins to vomit during the third or fourth week of life, be sure to call the office during regular office hours.

Sun exposure

In the summer your baby's skin will need to be protected when he is outdoors, even from indirect sunlight. Babies should be shielded from direct sun exposure when possible. PABA free sunscreen lotions of a 15 rating or greater are recommended routinely for babies over six months of age who will be have any sun exposure to provide maximum sunburn protection. Skin cancer is on the rise. Studies have shown each case of sunburn increases this risk.

Teething

Teething may cause a baby to be fussy or have a low-grade fever (usually not over 100). Teething may cause loose stools and some irritant diaper rash. Teething does not cause high fever.

To make your baby more comfortable during teething episodes, give acetaminophen just as you would for any other type of pain. Children's Motrin (ibuprofen), now available over the counter, is often even more effective for teething pain for infants older than six months. You can also try one of the water-filled teething rings that can be placed in the refrigerator or freezer for cooling. Teething biscuits, raw carrots or other foods that can break off into chunks and choke your baby should not be used. Teething gels, which contain xylocaine are not recommended. These can cause toxicity with heart arrhythmia if swallowed in sufficient quantities.

Some babies enjoy chewing on nipples (including Mom's) or pacifiers while teething. Others actually begin refusing nipple feedings (even the breast). If this happens, try giving acetaminophen or ibuprofen about an hour before feeding time or using a sipper cup for fluids.

Thrush

Thrush appears as white, curd-like plaques coating the gums, tongue and sides of baby's mouth. It can't be washed away. Normally this is seen in young babies who are still nursing or on bottle feedings. Occasionally it is seen in an older

child after a course of antibiotics. It is caused by a fungal ("yeast") infection. If you think your child may have thrush, call the office during regular office hours and a prescription can be phoned in to treat it.

Anything that comes in contact with the baby's mouth should be boiled for 20 minutes. The medication prescribed should be continued for three days after the thrush appears to be totally gone.

Travel

Infants generally travel very well. Plan ahead to allow more frequent stops for feeding and diaper changes. Infants should ALWAYS travel in APPROVED car seats. For those babies taking airplane rides, the only precaution needed is to have the baby nursing or sucking on the pacifier during takeoff and landing. This allows for equilibration of ear pressure during changes in altitude.

Travel vaccines

For those patients traveling out of the country, we do offer immunizations for plague, typhoid fever, hepatitis A, etc. Dr. McDaniel is registered with the Centers for Disease Control and Prevention (CDC) as a "Yellow Fever Center," the only such center in southern Indiana providing Yellow Fever vaccine for young children. We also have available computer software to help provide information on health conditions in the country you will be visiting along with general information. Our software is updated monthly so you can take advantage of the latest information regarding epidemics, etc. in the country you will be visiting. Be sure to contact us as early as possible if you are planning a trip! It sometimes takes several weeks to complete a course of recommended immunizations prior to leaving the country.

If your child has upper respiratory symptoms (i.e., common cold) without a high fever (104°), he or she may still receive immunizations without rescheduling for a later time.

Sick days

Common infant & childhood ailments

Fever

Repeat after me, “Fever is our friend (unless my baby is under 2 months old, in which case I will call the doctor immediately!).”

Fever is present if the oral temperature is greater than 100 degrees Fahrenheit (37.8 degrees Centigrade) or the rectal temperature is 100.5° degrees Fahrenheit or greater. Axillary temperatures (temperatures taken under the arm in the armpit) are variable but usually a fever is present with an axillary temperature over 99-100 degrees Fahrenheit. A child may “feel hot” without having an actual increase in body temperature so if you think your child may have a fever and are concerned, use a thermometer to check the actual temperature.

Types of thermometers

There are many types of thermometers available. Acceptable choices include glass thermometers and digital thermometers. Thermoscans (thermometers which take the temperature in the ear) are fine for older children (over three years of age). If a child under two months of age is felt to have a fever, we request you check a rectal temperature using a glass or digital thermometer before calling us. The thermometer strips available for use on a child’s forehead are notoriously inaccurate and not recommended. Be sure to tell us if you don’t take the temperature rectally.

Mild fevers may be caused by too much clothing, recent exercise, hot weather or hot foods. A fever is expected after certain immunizations and is a normal reaction of the immune system to the vaccine.

Pediatricians as a group are very concerned about fever in infants under two months of age. This is because their immune systems are still developing and they often don't give clinical signs of severe illness other than fever at a young age.

After two months of age, we consider fever a normal response to infection. It should be treated only if your child is uncomfortable or the fever is fairly high (over 104-105°).

Call IMMEDIATELY if your child has fever associated with any of the following:

- Age under two months
- Constant crying as if in pain
- Fever of 105° or higher NOT responding to medication
- Stiff neck
- Purple spots on the skin
- Difficulty breathing (other than a stuffy nose)
- Your child is becoming difficult to arouse, confused or delirious
- Your child appears extremely ill or has other signs that worry you

Call the office during regular hours if:

- Your child complains of sore throat or ear pain
- Your child complains of pain with urination or is voiding frequently or wetting the bed
- Your child has a significant cough or any other symptoms along with fever persisting beyond 48 hours.

Ways to treat fever

Either an acetaminophen product (Tylenol) or ibuprofen (Motrin), if over six months, may be used to treat fever. The ibuprofen products are particularly effective but may cause stomach upset in some children and should not be given to children who are vomiting or having severe diarrhea. The practice of alternating fever reducing medication is no longer routinely recommended since the potential for errors is so great. Thus, to prevent confusion and

possible over-dosage, choose either acetaminophen every four to six hours with a maximum of five does in 24 hours or ibuprofen every six to eight hours. Base the dosage on your child's weight, NOT age.

Fever reducing medicine dosage charts

ACETAMINOPHEN (Tylenol/Tempra) 160mg/5ml Every 4 hours as needed; No more than 5 doses/day	
Weight	**Dose**
6-7 lbs.	1 ml
8-10 lbs.	1.5 ml
11-14 lbs.	2 ml
15-16 lbs.	2.5 ml
17-19 lbs.	3 ml
20-22 lbs.	3.5 ml
23-25 lbs.	4 ml
26-27 lbs.	4.5 ml
28-31 lbs.	5 ml
32-33 lbs.	5.5 ml
34-36 lbs.	6 ml
37-39 lbs.	6.5 ml
40-42 lbs.	7 ml
43-45 lbs.	7.5 ml
46-48 lbs.	8 ml
49-51 lbs.	8.5 ml
52-54 lbs.	9 ml
55-57 lbs.	9.5 ml
58-60 lbs.	10 ml
61-63 lbs.	10.5 ml
64-66 lbs.	11 ml
67-69 lbs.	12 ml
70-72 lbs.	12.5 ml
Greater than 72 lbs.	15 ml

IBUPROFEN (Motrin/Advil Children's) 100mg/5ml Every 6 Hours as needed	
Weight	**Dose**
15–17 lbs.	3 ml
18-19 lbs.	4 ml
20-21 lbs.	4.5 ml
22-23 lbs.	5 ml
24-25 lbs.	5.5 ml
26-28 lbs.	6 ml
29-30 lbs.	6.5 ml
31-32 lbs.	7 ml
33-35 lbs.	7.5 ml
36-38 lbs.	8 ml
39-40 lbs.	8.5 ml
41-43 lbs.	9 ml
44-46 lbs.	10 ml
47-48 lbs.	10.5 ml
49-50 lbs.	11 ml
51-52 lbs.	11.5 ml
53-54 lbs.	12 ml
55-57 lbs.	12.5 ml
58-59 lbs.	13 ml
60-61 lbs.	13.5 ml
62-63 lbs.	14 ml
64-65 lbs.	14.5 ml
66-68 lbs.	15 ml
69-70 lbs.	15.5 ml
71-72 lbs.	16 ml
73-74 lbs.	16.5 ml
75-76 lbs.	17 ml
77-79 lbs.	17.5 ml
80-81 lbs.	18 ml
82-83 lbs.	18.5 ml
84-85 lbs.	19 ml
86-87 lbs.	19.5 ml
Greater than 88 lbs.	20 ml

Two common reasons for the lack of response to fever-reducing medication are: 1) not waiting long enough to see the effect, which may take up to 60 to 90 minutes, and 2) under-dosing. But it is better to err on the side of under-dosing if the weight of your child is not accurately known.

Sponging in a bath with lukewarm water may initially lower the temperature but its effects are not lasting and it may actually trigger the body to conserve and raise its temperature due to the goose-bumps, shivering, and other mechanisms it causes. Therefore, the bathing should be abandoned if a child is expressing discomfort.

Note: Fevers are normal the first 24 to 48 hours after a DTaP vaccine and five to 15 days after MMR.

Diarrhea

Babies usually have mushy, somewhat loose stools. Diarrhea is defined as a sudden increase in the number of stools and looseness of stools compared to your baby's normal pattern. Breast-fed babies may have anywhere from 10 loose stools per day to one stool per WEEK and practically any consistency is normal for a breast-fed baby. (They usually resemble mustard water with a little curd thrown in!) However, if your breast-fed baby has a sudden increase in the usual number of stools, acts sick, has vomiting, fever or weight loss, then there is reason for concern. While bottle-fed babies tend to have some more formed and less frequent stools, the same basic rules apply.

Diarrhea is usually caused by a viral infection or occasionally a bacterial infection. It usually lasts several days, sometimes as long as one to two weeks. Infections cause diarrhea by causing temporary injury to the intestines which causes incomplete digestion and absorption.

Children who are otherwise alert and active and having only mild diarrhea do NOT necessarily require any dietary changes other than limiting juices and

sugar-containing fluids. Although it may help to limit milk, it is usually safe and recommended to continue milk during a diarrheal illness.

If your child is becoming listless and having moderate to severe diarrhea, some simple dietary changes may be necessary, as follows:

Breast-fed babies

Breast-fed babies continue to nurse. An electrolyte-containing supplement (such as Pedialyte or Kaolyte) should be given in small amounts between feedings to replace the electrolytes lost in the diarrhea stools. These supplements can be found near the infant formulas in groceries and pharmacies. As long as your baby is having wet diapers, a few additional fluids should be all that is needed. Once stools have begun to improve, solids may be added back if your baby had been taking them prior to the diarrhea. Stick with the "ABC diet" - applesauce, bananas, and rice cereal - for a few days. Yogurt, toast and crackers are other bland foods that don't irritate diarrhea in most children. Boiled or baked potatoes without added butter and baked chicken may be added as well.

Bottle-fed babies

Bottle fed babies should receive an electrolyte supplement ONLY for the first 24 hours of significant diarrhea.

Good choices for electrolyte supplementation

- Pedialyte or Kaolyte, or a similar commercially prepared electrolyte drink. These are available near the infant formulas in groceries and are usually in ready-to-feed form.
- Gatorade may be diluted to half strength with water and used until you are able to get to the store for a premade electrolyte drink. Any flavor is fine-whatever color stool you want to clean up from the diaper! Many children over 12-18 months find this very palatable.
- Jello water is not the first choice as a "clear liquid" in a child with diarrhea but will do in a pinch until you can get to the grocery. Just mix a box of jello with water as you normally would when making jello, then don't chill it but feed it at room temperature.

Bad choices for a "clear liquid" diet for diarrhea

- Boiled skim milk - Boiling milk is dangerous because it causes an elevated salt content in the milk.
- Kool-Aid and juices - These contain too much sugar, which can worsen diarrhea. They also don't contain the appropriate electrolytes.
- Soda pop - Carbonated beverages often aggravate diarrhea, particularly if they contain caffeine. The electrolytes needed to replace losses from diarrhea are not present, once again.
- Water - Water alone can alter a child's electrolyte status and aggravate salt and electrolyte depletion caused by the diarrhea.

REMEMBER: When we say "clear liquids," we don't mean every liquid that is clear!

After 24 hours on a "clear liquid diet," your child should be advanced to half strength formula. Mix his formulas as usual, then add extra water to each bottle so the formula is only half as strong as usual. After one day of half strength formula, you should be able to increase the formula back to the usual strength.

After your child is tolerating formula, the "ABC diet" may be resumed if he has been taking solid feedings in the past. (Applesauce, bananas, rice cereal, yogurt, crackers, dry cereal, toast, plain baked potato and baked chicken.) During this time stools may temporarily seem to worsen but should begin to thicken and decrease in frequency over the next few days.

If your child's diarrhea worsens as the diet is advanced, call the office during regular hours for advice.

Older children follow basically the same plan; that is, clear liquids for 24 hours, followed by an ABC diet and avoiding juices or milk for a few days. Raw fruits, vegetables, bran products, beans and spices may aggravate the diarrhea as well. If your child continues with diarrhea after several days without milk, you may want to resume his milk intake but with Lactaid drops (available over the counter) added to the milk or with a lactose-free milk.

Medications are rarely recommended to slow diarrhea; these usually just prolong the symptoms. If your child has had prolonged or severe diarrhea, this may be an option but always check with a pediatrician before using any anti-diarrheal medication.

You should call the office if:

- Diarrhea is severe (e.g., bowel movement every hour for over 24 hours)
- Stools don't improve after three to four days on the special diet
- Mild diarrhea lasts over two weeks
- You see mucus in more than one stool
- Your child develops signs of dehydration (a decrease in the number of wet diapers/voids, dry tongue and mouth, increasing lethargy or refusal to drink)
- Your child's breathing becomes fast or labored
- Your child has severe abdominal pain

We should see your child if he or she has:

- Bloody diarrhea
- Persistent abdominal pain for more than two hours.
- Less than three wet diapers in a 24 hour period
- Stools every hour for over 24 hours

See within 24 hours if:

- Diarrhea for more than two weeks
- Fever for more than three days

Vomiting

The most common cause of vomiting is a viral infection of the GI tract. Vomiting usually stops within 12 to 24 hours. It is best treated with clear liquids in small amounts. Wait one to two hours after your child's last episode of vomiting, then begin with just one to two tablespoons (½ - 1 oz.) at a time and gradually increase the amount every 20 to 30 minutes. Refer to the list of acceptable "clear liquids" listed in the diarrhea section for examples. There are

also electrolyte popsicles available now, usually in the formula section near the electrolyte drinks (e.g. Pedialyte, Freezer Pops).

After eight hours without vomiting, your child may begin the "ABC diet" as discussed in the diarrhea section, then gradually resume a regular diet. In occasional instances, a suppository for vomiting may be prescribed but these don't always work and can have significant side effects. For the most part, small amounts of clear fluids by mouth are the most effective and safest treatment of vomiting.

You should call the office if:

- Your infant vomits for more than 24 hours or your older child vomits for more than 48 hours
- Your child develops signs of dehydration (decreased number of wet diapers/voids, dry mouth and lips, increasing lethargy, refusal to drink)
- Your child becomes confused or difficult to arouse
- Blood appears in the vomitus
- The vomitus becomes dark green in color
- Your child develops SEVERE abdominal pain or mild abdominal pain for more than 24 hours.
- Any other symptoms appear which bother you.

Food poisoning

Vomiting, abdominal cramps and diarrhea occurring two to four hours after eating unrefrigerated meat, dressings, pastry or cream sauces may be due to food poisoning. Treatment is supportive with clear liquids and symptoms usually resolve in about six to 12 hours.

Constipation

Constipation is never an emergency and should not be a reason for after-hours calls. (Please see the information on normal stool descriptions in "Well Days" Section.)

Babies often grunt, strain, grimace and exhibit great effort in working up to a good bowel movement. A breast-fed baby may actually seem to be uncomfortable for one to two days before his/her "explosion" of a weekly bowel movement.

Apple juice or prune juice may help soften hard stools. Usually one to two ounces a day in infants over two months of age will do the trick.

If your infant is very uncomfortable, you may use ½ of a glycerin suppository (available over the counter) to help the passage of any stool. Insert rectally after lubricating the rectal opening with Vaseline.

If your child has chronic constipation, please contact the office during regular office hours.

Common colds

Most children get around six colds per year, twice that many if they're in daycare. Colds (upper respiratory tract infections) are caused by direct contact with a person who has one. They aren't caused by cold air or drafts. Usually, fever lasts for two to three days and the runny nose, sore throat, etc. last for about seven to 10 days.

Over-the-counter cold medications are not particularly effective as a rule, especially in young infants. In the first few months of life, it is better to avoid medications in favor of using a bulb syringe to suction mucus from the nose. Using a hot shower in the bathroom at bedtime may help to "break up" any mucus in your baby's nose so it drains more easily. You can also use saline drops to help loosen secretions in your baby's nose. These are available over-the-counter (Ayr or Ocean Spray drops, etc.) or can be made at home by mixing ¼ teaspoon of table salt with four ounces of warm water. Place two to three drops in one nostril at a time, then suction with a bulb syringe after waiting two to three minutes to be effective. This is most effective if done before feedings and at bedtime and naptime.

Antibiotics do not help the common cold, and left over antibiotics should be properly discarded. Decongestants can cause excitability or irritability in some children and should be avoided. A cool mist vaporizer may be helpful, particularly in the winter.

Your child should drink lots of fluids, particularly juices. Believe it or not, even chicken soup has been shown to have some beneficial effect on the common cold. (Grandma was right!)

If cold symptoms have lasted more than seven to 10 days and/or any of the following signs appear, you should call the office.

Please call the office if:

- Your child's fever lasts more than three days
- Your child's eyes become matted
- Your child complains of ear pain
- Your child coughs up yellow mucus for more than 24 hours
- Your child's breathing becomes labored
- Your child develops thick, green drainage from the nose after having cold symptoms for more than seven to 10 days

Cold sores

Herpes virus of the lip ("cold sores") is transmittable to infants and children and can cause serious disease. Do not let anyone with a cold sore kiss or handle your baby.

Cough

Coughing is a normal reflex to clear the lungs of mucus and protect them from pneumonia. During the winter months, viral respiratory infections of the trachea (windpipe) or bronchial tubes can result in a dry cough which persists for two to three weeks. Some children develop "cough variant asthma" with a persistent dry cough instead of wheezing. Chronic, loose night time coughs are

often present with sinus infections in older children or may be seen in children with allergies.

There are several things you can do to make your child more comfortable during these coughing episodes.

- **Humidity** - Dry air tends to make coughs worse. Your child should drink plenty of fluids. A hot shower in the bathroom at bedtime will humidify the air somewhat and may help coughing. You should NOT use Vicks or any medication in a vaporizer if your child is under age two.
- **No smoking** - No one should smoke in the house or car around your child. This means no smoking indoors, even in another room of the house where the child isn't present. The smoke still gets into the air space in the house and eventually finds the child! Multiple studies have shown that passive smoking aggravates chronic cough, asthma, respiratory infections and ear infections in children. If you would like a handout specifically addressing passive smoking and children, ask at the office and we will gladly provide you with one.
- **Medications** - If the cough is causing your child to lose sleep, call the office and we can prescribe a medication for use at bedtime. During the day, it is best not to suppress the cough as it serves as protection against developing infection in the lungs. However, in some children a bronchodilator (e.g., albuterol) may be prescribed for use during the day. This won't suppress the cough but will make it more effective in clearing any secretions from the lungs.

You should call the office if:

- Your child has fever for more than three days with his cough.
- Your child coughs up yellow mucus for more than 24 hours.
- Your child's cough lasts longer than three weeks.
- Your child seems short of breath.
- Your child's cough worsens despite treatment.
- The cough causes your child to miss school.

Note: If your child awakens at night, with a very BARKY COUGH and noisy breathing, place him in the bathroom with a steamy hot shower running. If he or she has croup (a viral infection of the trachea) this should help. Sometimes taking a child out into the cool night air will also help. If these measures don't

improve your child's breathing within 10 minutes, you should call for more instructions. Also, if your child is having severe throat pain with drooling or high fever, CALL!

Some fever is expected, but if the fever is above 104°F, schedule an appointment the same day or the next morning to rule out bacterial infection in addition to croup.

Ear pain

Ear pain is common in children and may be due to middle ear infections, outer ear infections ("swimmer's ear") and pressure from colds. It may also be seen in cold weather in a child who suddenly comes indoors; this is usually not due to infection but rather the sudden warming of air in the middle ear causing the air to expand, putting pressure on the ear drum. Infants will often pull on their ears not only from ear pain, but also when they are tired or teething.

If your child has a stiff neck or has had a pointed object placed in the ear immediately prior to complaining of pain, he should be seen immediately. Otherwise, he should be seen within 24 hours.

Call the office during regular hours if you think your child may have an ear infection. Signs include increasing irritability and not sleeping well at night after having had a cold for three or four days.

Until your child is seen in the office, give acetaminophen or ibuprofen (see dosage tables under "Fever" section), elevate your child's head, and use a heating pad or warm towel compresses to the ear. This should keep her comfortable until she can be seen. If all these measures aren't helping, call for a prescription for pain medication until your child can be seen.

Sore throat

Sore throats may be caused by viruses or bacteria (e.g., strep throat). Hot salt water gargles, cool foods, humidified air, acetaminophen or ibuprofen and lozenges for older children will help the pain.

Your child should be seen during regular office hours if:

1. Sore throat has been present for more than two to three days
2. Swollen or tender lymph nodes are present in the neck along with abdominal pain or a rash
3. There has been recent exposure to strep throat or impetigo
4. White spots are present in the back of the throat

Please do not use leftover antibiotics if your child has a sore throat. The antibiotics may be too old to do any good. Also, they don't help viruses. If we diagnose strep throat in your child, we will treat with an antibiotic at that time. After 24 hours of medication, your child may return to school or day care.

Conjunctivitis ("pink eye")

Conjunctivitis is inflammation of the white part of the eye and membranes lining it, with or without mucus production. Viral conjunctivitis ("pink eye") usually presents with no other symptoms. Bacterial conjunctivitis usually presents with more mucus, cloudy nasal drainage, cough and possibly fever.

Initial treatment at home should be washing the eye with warm water and a washcloth to remove the mucus.

If your child is complaining of ear pain or showing signs of bacterial conjunctivitis, call the office during regular office hours and we will help you decide if your child should be seen.

Chickenpox

Epidemics of chickenpox occur frequently. These appear first as small, red bumps resembling insect bites. Within 24 to 48 hours, they change to thin-walled blisters, then open sores and finally dry crusts. Repeated crops of these sores occur for four or five days and they may be present on any skin surface, even in the mouth. Your child will probably have a fever with the chickenpox. They usually develop two to three weeks after exposure to a contagious person. A child may catch chickenpox from an older person with shingles, as shingles represent basically a reactivation of the chickenpox virus.

Chickenpox can often be diagnosed by an experienced parent or grandparent so an office visit isn't needed. If unsure whether your child has the chickenpox, call the office and we will arrange to see him or her outside of the regular office area to avoid exposing other children in the office.

Please call immediately if your child becomes difficult to arouse, confused or delirious, or complains of a stiff neck or severe headache.

Otherwise, your child can be managed at home. Cool baths will help the itching and WON'T spread the chickenpox. Oatmeal soap is soothing and helps itching. Calamine lotion applied to the chickenpox will also help the itching. Keeping the Calamine cool in the refrigerator seems to make it more soothing.

Please note: CALADRYL is not recommended in children with chickenpox! The Benadryl in that particular product is absorbed through the broken skin in children with chickenpox and can result in toxic levels of Benadryl in the system. For the same reason, Benadryl sprays or any topical form of Benadryl is not recommended. If your child has severe itching, Benadryl MAY be given by mouth.

If your child develops sores in the mouth, popsicles, milk shakes and cool liquids are tolerated best. Acidic and salty foods (soda pop, juices, pretzels, etc.) should be avoided until the sores have healed. Your child's fingernails should be kept trimmed and hands washed often to decrease the risk of

infecting the chickenpox from scratching. If you suspect the pox may be infected (if they become soft and golden and drain pus), call the office. Fever may be treated with acetaminophen. Your child will no longer be contagious after the chickenpox have scabbed over (i.e., about six to seven days). He or she may return to school or day care after a week and needn't wait until the scabs have all fallen off.

Lice

Nits are pearly white in color and attach firmly to the hair shaft and are not easily removed like dandruff. Lice bugs are 1/16 inches long and are difficult to see. Lice crawl; they do not jump or fly. They are often found around ears and the back of the neck.

Treatment recommendations:

- **Nix cream rinse** – Shampoo with any shampoo, then apply Nix and leave in for 10 minutes. Rinse. If the nits are strong, you can use ½ strength vinegar to help loosen them. Then, comb out with a fine tooth comb that comes in the package.
- **Ovide lotion** – It is available only by prescription and is applied to the hair, left to air dry, then washed off after eight to 12 hours. Avoid fire or cigarettes. Ovide is flammable when wet.
- **Mayonnaise** (not fat free) – Apply to entire head and sleep in a shower cap all night. This will smother the lice. Olive oil works too, but is more expensive and harder to get out of your child's hair.

General measures:

- Combs and brushes should be rinsed in Nix.
- Combs and brushes should be placed in the freezer overnight.
- Sheets, pillowcases, hats should be run through the wash.
- After being treated, your child can return to school.
- Most schools do require that all nits be removed, even if dead, because it is too hard for the school nurse to be sure all nits are killed.
- Items unable to be washed should be tied up in a plastic sack for three weeks.

Poisoning

Poisoning is one of the most common medical emergencies. Each year about 500 children in the United States die from poisoning. Most, if not all, poisonings are preventable.

Children are naturally inquisitive and curious and will open drawers and doors where toxic materials may be stored. Make sure that anything potentially dangerous is locked up and away from your child. Kids are especially bad about getting into Grandma's purse, too! Make sure purses are empty or unavailable.

The most common ingestants are medicines, gasoline and other petroleum products, furniture polish, household washing products, and Drano-like products. All are potentially lethal and should be safely stored high and away from children. Don't store dangerous material in "friendly containers" (i.e., gasoline in coke bottles).

If your child does get into a toxic material and swallows some, follow these steps to help ensure your child gets the help he needs.

1. Identify the drug or chemical that was ingested. Have the bottle next to you when you call and estimate the amount taken.
2. Call the Poison Control Center at 800.222.1222
   Or call:
   IU Health Bloomington Hospital Emergency Department: 812.353.9515
   IU Health Bedford Hospital Emergency Department: 812.275.1381

Keep these phone numbers on an emergency list by your phone.

Ipecac is no longer routinely recommended for poison treatment intervention in the home. (Safely dispose of any syrup of Ipecac currently in your home.)

Minor Accidents

Cuts and scratches

Wash for five minutes with an antibacterial soap (i.e., Dial, Safeguard) and water. Cover with a bandage or gauze. Don't use alcohol, hydrogen peroxide or Methiolate on open wounds; they sting and can cause tissue damage. If bleeding hasn't stopped after 10 minutes of continuous pressure with gauze or cloth, or if the wound edges are gaping and you think the child may need sutures, call for advice. If the wound begins to appear infected, with pus or red streaks around it, call for advice. If your child's immunizations are up to date, no tetanus booster will be needed. If your child hasn't had a tetanus booster within the past 10 years, call the office during regular office hours to arrange for a booster. This should be done within 24 hrs.

Abrasions and scrapes

Wash for five minutes with soap and water. Remove any dirty particles from the wound with tweezers. If there is tar in the wound, it can be removed with Vaseline. Cut any loose pieces of dirty skin away with sterile scissors. If the wound is small, leave it open to air. If large, cover with a Telfa pad for 24 hours. Acetaminophen or ibuprofen may be given for pain. If a very large area of your child's body is involved, call the office.

Puncture wounds

It may be helpful to make the wound re-bleed initially. Then soak it in hot, soapy water for 15 minutes. These soapy water soaks should be continued twice daily until healing occurs. A sterile dressing should be applied between soaks. If the wound begins to look infected, call the office. If your child is up to date on immunizations, an additional tetanus booster is NOT needed, as it is present in the DPT vaccine. If you child is 15 years of age or older and hasn't had a recent tetanus booster, it may be time for one. Call the office during regular office hours to arrange for a booster within 24 hours of injury.

Animal bites

The wound should be washed immediately with Dial or Safeguard (antibacterial) soap. Peroxide can be used to clean if desired. It may then be left open to air or a loose dressing applied.

Watch for signs of infection (such as red streaks or drainage at the site of the bite). If your child is not up to date on immunizations he should come in within 24 hours for a tetanus booster. Antibiotics are needed only if the wound is very large, requires sutures, or penetration of bone, tendon, or joint has occurred. Also, cat bites often cause infection and usually need antibiotics. Any wound involving the hand, foot, face, or genital area should be seen by a physician.

If the animal appears healthy, is up to date on vaccines, etc., it needs to be watched for 10 days to be sure that it doesn't start acting sick. If the animal was already acting sick, it needs to be checked by a vet and still isolated and observed for 10 days to be sure it does not exhibit any signs of rabies. If the animal was a stray or wild animal, the police or local animal control should be contacted to attempt to catch the animal immediately so that it can be isolated for 10 days. If the animal is unable to be located, then the rabies series needs to be given. Animals most likely to transmit rabies are: bats, skunks, raccoons, foxes or large wild animals. Mice, rats, gerbils, hamsters, gophers, chipmunks and rabbits are usually considered free of rabies. Rarely, squirrels have carried rabies so if a squirrel was the culprit and seemed sick, further investigation is needed. You must also call the county health department to report the attack.

Human bites

These are treated basically the same as animal bites with two exceptions:

1. Because human bites are actually more likely to become infected, antibiotics are more often prescribed. Call the office for advice.
2. The human (in most cases) does not need to be caged up for 10 days.

Nosebleeds

These are common with trauma and during the winter when the air is dry. During a nosebleed, pinch your child's nose shut for 10 minutes by the clock.

Have him breathe through his mouth. This may be repeated once if the bleeding hasn't totally stopped following the first 10 minutes. If bleeding still hasn't stopped after a second attempt, call the office.

Head injury

If your child doesn't lose consciousness, chances are no major harm was done. Your child should be kept awake for one hour after significant head trauma; after this, he or she may nap. Your child should be aroused every two hours during the night following a significant blow to the head to be sure his or her pupils are equal in size and that no unusual signs (listed below) are present.

Call immediately if your child develops:

- Persistent vomiting (more than twice), stiff neck or fever
- Unequal sized pupils or a pupil that doesn't get smaller when you shine a flashlight on it
- Confusion or unusual drowsiness
- Seizures or loss of consciousness
- Stumbling, problems talking or using the arms and legs
- Significant bleeding or leakage of fluid from the nose
- Headaches not relieved by acetaminophen or ibuprofen

If in doubt, call, especially in children under six months of age.

Burns

Very large burns, burns of the face, neck or genitals or burns encircling an arm or leg should be seen as soon as possible by a physician. Any electrical burns should also be seen as soon as possible.

The burned area should be rinsed immediately (don't take time to remove clothing) with cold water for 10 minutes. No butter, ointment or creams should be applied.

Extensive burns should be wrapped in a wet sheet or towel and brought to the office or emergency room.

Minor burns (red with only a few blisters) may be managed at home. They should be washed with antibacterial soap twice daily. Blisters should NOT be opened; the outer skin protects against infection. Small burns need not be covered. Acetaminophen may be given for pain. Cold compresses may also be used. If your child is unable to sleep because of pain, call for advice. If several blisters are present, we will probably want to see the burn in the office and will probably recommend an antibiotic cream. Bacitracin and Neosporin are both available over-the-counter and work well for minor burns.

Choking

Any foreign body in the airway may be life-threatening. If your child is choking but can make noise and speak, do NOT pound on his back but do seek immediate medical attention. If the choking child is unable to breathe or make a sound, turn her face down over your knees and forcefully give four or five back blows with your open hand. If this fails, deliver rapid thrusts to the chest. Repeat en route to an emergency facility if there has been no response. If you can actually see the object, you may try to remove it with your fingers, but only if you can actually SEE it! If you are comfortable performing the Heimlich maneuver, this is very effective in older children.

Accident prevention

Accidents are the number one cause of death in children between the ages of one and 16. Most accidents are preventable. Start "child-proofing" at six months.

REMEMBER: PREVENTION IS EASIER AND BETTER THAN TREATMENT

Do's and Don't's for Prevention of Accidents

1. Keep crib sides securely fastened.
2. Use restraints in baby feeder, carriage, stroller, car seats, etc.
3. Never prop baby bottles.
4. Do not hang or tie toys to the crib (Your baby may become entangled in the string).
5. Avoid use of pillows.
6. High chairs should have a broad base to prevent tipping, a safety strap, and a latch on the tray.
7. Teach your child the meaning of the word "HOT"
8. Use gates on stairways to prevent falls.
9. Windows should open from the top or have guards attached.
10. In the kitchen area, be alert for spattering grease, keep pot handles turned inward, keep hot containers in the middle of the table at mealtime.
11. Always check bath water temperature; never run hot water first, as child may fall in.
12. Be alert for small objects - peas, buttons, popcorn, beads, nuts.
13. Be sure broken glass and razor blades are safely disposed of.
14. Use safety plugs in unused wall sockets; be sure electric cords are not frayed and secure electrical cords so lamps cannot be pulled over.
15. Be careful when using plastic bags, especially dry-cleaner bags.
16. Make sure that your child can't got into the Drano, oven cleaner, furniture polish, medicines, alcohol or any other toxic substance. Keep them locked up. If you are using one of these items, put it away in a secure place before answering the phone or doorbell.
17. Always use a car seat or seat belts, even when in someone else's car.

18. Turn water heater temperature down lower than 130° so even the hottest faucet water won't burn as much.
19. Don't use a lawn mower when children are playing nearby.
20. No peanuts or popcorn in the house until your youngest child is four or five years old, raisins and gum until three years old.
21. Don't turn your back on your baby when he's on the bed, table or bathinette. Never leave the baby alone in the bath, even for a few seconds.
22. Keep your baby away from loose cords (Venetian blind cords). Make sure no cord hangs in or near your baby's crib.
23. Never tie a pacifier around your baby's neck.
24. Consider a smoke alarm near the children's sleeping area. Develop and practice escape routes with children in case of fire.
25. Discourage your child from running with food in his mouth.
26. Teach road safety, i.e., never run into the street, look both ways before crossing, etc.
27. Teach bicycle safety. Require bicycle helmet use.
28. Teach water safety. Never consider a child "water-safe."
29. Never leave your baby alone in a room with pets, no matter how gentle.
30. Put plants up and out of reach.
31. Use safety latches for cabinets.
32. Wood stoves are a leading cause of winter burns. Use safety screens.
33. Curling irons are a leading cause of burns. Keep them out of reach of your child.

Car seats

Automobile accidents are the leading cause of accidental death in children. For this reason, utilization of a car seat each time your child rides in the car is an absolute requirement. Unrestrained babies and children become flying missiles during a collision. Their flight is stopped not usually by a parent, but rather by the dashboard or car window. Don't bring your child to our office unless he/she is properly restrained!

Use of the car seat should start on your baby's first ride home from the hospital. You will find that children accept car seats very well. Car rides are much more enjoyable and relaxing when children know they must be in a car

seat when riding in a car.

Car seats must be approved by the National Highway Traffic Safety Administration and must be used as directed. If you have questions about a particular car seat, please contact the office.

Indiana State Law requires all children from birth to age eight be properly fastened by a child passenger restraint system. Children eight to 16 years must use child restraints or seat belts in all vehicle types. The safest place for a child under 13 years of age is in the back seat.

Infant Safety Seats

- Indiana law requires children up to 20 pounds and one year old to be in a rear-facing car seat. The American Academy of Pediatrics recommend infants stay rear facing until the age of two.
- Always face rearward
- Always follow manufacturer's instructions

Convertible Child Safety Seats

- For infants and children up to 40 pounds
- For infants, recline and face rearward
- For toddlers, upright and forward facing
- Always follow manufacturer's instructions
- Check to see that you have the vehicle safety belt in the right place

Booster Seats

- For toddlers who have outgrown convertible safety seats and weigh approximately 35 pounds and over.
- Shield boosters have not been certified for use by children who weigh more than 40 lbs.
- Always follow manufacturer's instructions for use with shoulder harness or with lap belt only.

Remember to always wear a safety belt and wear it properly. Children should wear a lap belt low and snug. The shoulder belt should be properly adjusted across the chest. Do not allow children to sit on a pillow, or wear a safety

belt under their arm, across the neck, over the face, too loosely or over bulky clothing. If a safety belt cannot be fit correctly, use an approved booster seat. Children should stay in child safety seats until they are 40 inches tall and weigh 40 pounds.

Riley Hospital for Children Safety Store

The Riley Hospital for Children Safety Store offers low-cost child safety products and injury prevention education. The store provides an environment where parents feel comfortable to shop, learn, and ask questions about their child's safety.

Products available include:

- Smoke detectors
- Bike helmets
- Cabinet locks
- Appliance locks
- Baby safety gates
- Window cord wraps
- Gun locks
- Fire smothering blankets

Riley Safety Store staff are trained to teach you and your family how to properly use and maintain safety products and practice child safety. Staff are also ready to answer any questions you may have about what you can do to prevent child injuries.

Bloomington location

Southern Indiana Pediatrics
651 S. Clarizz, Blvd., Bloomington

812.353.KIDS (5427)

Open Mondays & Wednesdays, 12 - 6 pm

Riley Hospital for Children
Indiana University Health

Epilogue & Index

Epilogue

We don't receive training to become parents. This is unfortunate because our first child is always our "experiment." As parents, we must be willing to adjust to our children and learn from them while teaching them what we can. Children thrive and excel when they are brought up in a positive atmosphere of acceptance, happiness and approval. All children are different and need to be treated as individuals. No two are alike! This makes parenthood extremely interesting, challenging and, at times, frustrating.

Please make use of every opportunity to talk to and be with your child, read to your child and play with your child. The greatest gifts we can give our children as parents are our love, our acceptance and our time. They will then grow up to be more confident and loving.

Most behavioral problems that children manifest are simple attempts at getting attention. If we parents spent more time giving positive attention, children would have less motivation to seek the negative attention they usually get with these behaviors.

Make efforts to read parenting books and special topic books that relate to your particular concerns. You will find your unique problems are actually universal problems. This helps us parents realize we are not alone in our parenting endeavors.

Finally, parenting is much easier when both parents are on the same wavelength. Effective parenting requires, to a large degree, effective communication between spouses.

Remember - take time to have fun along the way!

Recommended reading

Touchpoints: Your Child's Emotional and Behavioral Development; by T. Berry Brazelton:Addison Wesley, 1992

Caring for Your Baby and Young Child: Birth to Age 5; American Academy of Pediatrics: Editor- in-Chief, Steven P. Shelov:Bantam Books, 1991,1993,1998, 2004

Useful websites

Indiana University Health

Southern Indiana Pediatrics,
Indiana University Health Southern Indiana Physicians
iuhealthsouthernindianaphysicians.org/pediatrics

Indiana University Health Bloomington Hospital
iuhealth.org/bloomington

Indiana University Health Bedford Hospital
iuhealth.org/bedford

Indiana University Health Morgan Hospital
iuhealth.org/morgan

Indiana University Health Paoli Hospital
iuhealth.org/paoli

Riley Hospital for Children at Indiana University Health
iuhealth.org/riley

Health, nutrition & safety

American Heart Association - Nutrition Information
www.americanheart.org

CDC Travel Site
www.cdc.gov/travel

Childhood Obesity
www.committed-to-kids.com

ASK - Answers for families of kids with special needs
www.aboutspecialkids.org

Children's Hospital of Philadelphia - A resource for child safety seats and child passenger safety
www.chop.edu/carseat

Food and Allergy Network
www.foodallergy.org

Healthy Kids
www.healthykids.org

Indiana Perinatal Network
www.indianaperinatal.org

In Source - Indiana Resource Center for Families with Special Needs
www.insource.org

MedlinePlus
www.medlineplus.gov

Mothers of Asthmatics
www.aanma.org

National Network for Immunization Information
www.immunizationinfo.org

Pertussis Web Site
www.pertussis.com

Safety Belt Safe U.S.A. The national non-profit organization dedicated to child passenger safety
www.carseat.org

Insurance

Blue Cross/Blue Shield
www.bluecares.com

Hoosier Healthwise
www.in.gov/fssa/ompp/2544.htm

Indiana Health Network (IHN)
www.ihnppo.com

Private Healthcare Systems (PHCS)
www.phcs.com

Sagamore Health Network
www.sagamorehn.com

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Southern Indiana Physicians

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Bloomington - West
350 S. Landmark Ave.
Bloomington, IN 47403
812.335.2434

Bloomington - East
651 S. Clarizz Blvd.
Bloomington, IN 47401
812.333.2304

Arlington
4935 W. Arlington Rd.
Bloomington, IN 47404
812.353.3800

Bedford
1614 25th St.
Bedford, IN 47421
812.277.0118